


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90082 002 ***150.00

DOCUMENT # P97000097463					
1. Entity Name "JJD, INC."					
Principal Place of Business 6215 WILSON BLVD JACKSONVILLE, FL 32210 US			Mailing Address P.O. BOX 441149 JACKSONVILLE, FL 32222 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
City		State		Zip	
4. FEI Number 59-3488615					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BRANNEN, WILLIAM M 6215 WILSON BLVD JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS JAMES, H R SR 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA JAMES, K M 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA DEMA, B J 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BRANNEN, W.M. 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JAMES, CHARLES B 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JAMES, CHARLES B 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JAMES, CHARLES B 6215 WILSON BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>W M Brannen</i> V-P 4-20-04 904-779-5353					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					
W M BRANNEN					